		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0012765

Facility Name: Pinecrest Manor

Address: 414 S. Wesley Avenue (Number) Mount Morris (City) 61054 (Zip Code)

County: Ogle

Telephone Number: (815) 734-4103 **Fax #** (815) 734-7131

IDPA ID Number: 362181961001

Date of Initial License for Current Owners: 06/27/63

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	x	Charitable Corp.		Individual		State	
		Trust		Partnership		County	
IRS Exemption Code	501(c)(3)			Corporation		Other	
				"Sub-S" Corp.			
				Limited Liability Co.			
				Trust			
				Other			

In the event there are further questions about this report, please contact:
Name: Christine A. Hanover **Telephone Number:** (312) 207-2264
Altschuler, Melvoin & Glasser LLP
30 South Wacker Drive
Chicago, IL 60606-7494
Please send copies of any desk review or audit adjustments to the above address.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 7/1/99 to 6/30/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin & Glasser LLP, 30 South Wacker Drive, Chicago, Il 60606-7494
(Telephone) (312) 207-2264 Fax # (312) 207-2958

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	54	Skilled (SNF)	54	19,764	1
2		Skilled Pediatric (SNF/PED)			2
3	95	Intermediate (ICF)	95	34,770	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	149	TOTALS	149	54,534	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,000	7,029	1,371	13,400	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	17,236	13,888		31,124	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,236	20,917	1,371	44,524	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.64%

D. How many bed-hold days during this year were paid by Public Aid? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [x] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [x] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 6/27/63

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 54 and days of care provided 1,371

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 6/30/00 Fiscal Year: 6/30/00

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7 **	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	398,462	17,793	3,629	419,884		419,884	(50,000)	369,884			1
2	Food Purchase		367,529		367,529		367,529	(151,458)	216,071			2
3	Housekeeping	166,090	30,151	3,981	200,222		200,222	(35,597)	164,625			3
4	Laundry	83,374	17,429		100,803		100,803	(599)	100,204			4
5	Heat and Other Utilities			214,840	214,840		214,840		214,840			5
6	Maintenance	171,725	17,845	76,595	266,165		266,165	(36,166)	229,999			6
7	Other (specify):*											7
8	**TOTAL General Services**	819,651	450,747	299,045	1,569,443		1,569,443	(273,820)	1,295,623			8
	B. Health Care and Programs											
9	Medical Director			5,355	5,355		5,355	(1,455)	3,900			9
10	Nursing and Medical Records	2,183,689	71,939	144,358	2,399,986		2,399,986	(14,279)	2,385,707			10
10a	Therapy			68,074	68,074		68,074		68,074			10a
11	Activities	122,483	12,247	903	135,633		135,633		135,633			11
12	Social Services	73,263		177	73,440		73,440		73,440			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,379,435	84,186	218,867	2,682,488		2,682,488	(15,734)	2,666,754			16
	C. General Administration											
17	Administrative	73,903			73,903		73,903		73,903			17
18	Directors Fees											18
19	Professional Services			64,727	64,727		64,727		64,727			19
20	Dues, Fees, Subscriptions & Promotions			27,012	27,012		27,012	396	27,408			20
21	Clerical & General Office Expenses	220,625	31,646	54,934	307,205		307,205	(76,304)	230,901			21
22	Employee Benefits & Payroll Taxes			635,691	635,691		635,691	(32,476)	603,215			22
23	Inservice Training & Education			1,160	1,160		1,160		1,160			23
24	Travel and Seminar			6,089	6,089		6,089		6,089			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			23,915	23,915		23,915		23,915			26
27	Other (specify):*											27
28	**TOTAL General Administration**	294,528	31,646	813,528	1,139,702		1,139,702	(108,384)	1,031,318			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,493,614	566,579	1,331,440	5,391,633		5,391,633	(397,938)	4,993,695			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

** See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Pinecrest Manor #0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7 **	8	9	10	
	D. Ownership											
30	Depreciation			342,397	342,397		342,397	25,752	368,149			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			308,764	308,764		308,764	(36,156)	272,608			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			651,161	651,161		651,161	(10,404)	640,757			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		29,063		29,063		29,063		29,063			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			81,802	81,802		81,802		81,802			42
43	Other (specify):* Nonallowable costs	83,571	807	41,187	125,565		125,565	(125,565)				43
44	**TOTAL Special Cost Centers**	83,571	29,870	122,989	236,430		236,430	(125,565)	110,865			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,577,185	596,449	2,105,590	6,279,224		6,279,224	(533,907)	5,745,317			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

**** See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(19,960)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,096)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	25,752	30		9
10	Interest and Other Investment Income	(36,156)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule **See attached schedule 5A**	(151,378)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (182,838)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(351,069)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (351,069)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (533,907)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Pinecrest Manor
Provider # 0012765
6/30/2000

Schedule VI. Part A - Adjustment Detail, Line 29

Non-allowable expenses	Amount	Reference
Vending income offset	(12,295)	2
Miscellaneous income offset	(3,077)	21
Alzheimers income offset	(2,726)	21
Developmental wages	(83,571)	43
Other developmental costs	(24,177)	43
Capitalize repairs & maintenance	(7,715)	6
Nonallowable trustee expense	(448)	43
Nonallowable publications	(6,626)	43
Nonallowable cable TV	(10,743)	43
Misc. expense reclass from building		21
Total	(151,378)	

STATE OF ILLINOIS

Pinecrest Manor

ID# 0012765

Report Period Beginning: 7/1/99

Ending: 6/30/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
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76				76
77				77
78				78
79				79
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83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	Total	0		90

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Brethren Home	100.00%			Pinecrest Village	Mt. Morris, IL	Retirement Community
				Pinecrest Foundation	Mt. Morris, IL	Fund Raising Foundation

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary salary	$ 50,000	Pinecrest Village	**	$	$ (50,000)	1
2	V	2	Food	119,203	Pinecrest Village	**		(119,203)	2
3	V	3	Housekeeping salary	35,597	Pinecrest Village	**		(35,597)	3
4	V	4	Laundry salary	599	Pinecrest Village	**		(599)	4
5	V	6	Plant salary	28,451	Pinecrest Village	**		(28,451)	5
6	V	10	Nursing salary	13,063	Pinecrest Village	**		(13,063)	6
7	V	21	Other administrative salary	71,680	Pinecrest Village	**		(71,680)	7
8	V	22	Employee benefits and payroll taxes	32,476	Pinecrest Village	**		(32,476)	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 351,069			$	$ * (351,069)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT **Pinecrest Manor and Pinecrest Village share a common Board of Directors

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4				N/A							4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [x]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8					N/A					8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	American National Bank		x	Bond Issue	Interest Only	6/17/00	$ 5,200,000	$ 5,100,000	6/27/27	0.0458	$ 241,156	1
2	Ameritech Credit Corporation		x	Phone system lease	$938.03	10/1/98	56,282	31,537	12/10/03	0.1050	3,749	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$938.03		$ 5,256,282	$ 5,131,537			$ 244,905	9
	B. Non-Facility Related*											
10								Amortization of bond issue costs			9,291	10
11								Letter of credit fees			54,568	11
12								Interest income offset			(36,156)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 27,703	14
15	TOTALS (line 9+line14)						$ 5,256,282	$ 5,131,537			$ 272,608	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.		$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	1999	$ N/A	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1995		8
1996		9
1997		10
1998		11
1999	N/A	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,970 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Pinecrest Village - Retirement Community: Congregate living units - 48 units; 60,413 square feet
Independent living units - 9 units; 12,079 square feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	443,048	1889	$ 20,626	1
2					2
3	TOTALS	443,048		$ 20,626	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	121		1963	1963	$ 1,248,321	$ 24,966	50	$ 24,966	$	$ 929,633	4
5			1964	1964	13,640	273	50	273		9,931	5
6			1965	1965	400	8	50	8		284	6
7			1963	1963	67,803		5-20			67,803	7
8			1987	1987	43,345		5-10			43,345	8
	Improvement Type**										
9	Building Improvements			1965	5,475	144	38	144		4,968	9
10	Building Improvements			1969	3,231	58	15-45	58		2,452	10
11	Building Improvements			1971	9,871	203	5-42	203		7,338	11
12	Building Improvements			1972	4,539		10			4,539	12
13	Building Improvements			1973	567		5			567	13
14	Building Improvements			1974	130,481	2,401	5-50	2,401		74,063	14
15	Building Improvements			1975	17,918		10-15			17,918	15
16	Building Improvements			1976	22,483	505	5-38	505		20,531	16
17	Building Improvements			1977	12,308		10			12,308	17
18	Building Improvements			1978	1,354		5-10			1,354	18
19	Building Improvements			1979	10,885		7			10,885	19
20	Building Improvements			1980	6,121		5			6,121	20
21	Building Improvements			1981	8,640		10			8,640	21
22	Building Improvements			1982	54,612		5-10			54,612	22
23	Building Improvements			1983	65,748		5-10			65,748	23
24	Building Improvements			1984	74,218		5-10			74,218	24
25	Building Improvements			1985	28,402		5-10			28,402	25
26	Building Improvements			1986	53,789		5			53,789	26
27	Garage			1983	11,892		10			11,892	27
28	Brethren - House			1977	19,500		25	780	780	18,440	28
29	Brethren - Renovations			1980	40,698		25	1,628	1,628	33,519	29
30	Brethren - Insulation			1981	2,149		10			2,149	30
31	Brethren - Garage			1984	10,692		10			10,692	31
32	Brethren - Bath Remodel			1986	1,296		5			1,296	32
33	Brethren - Garage Improvement			1980	2,095		14			2,095	33
34	Energy Management			1985	3,180		10			3,180	34
35											35
36	TOTAL (lines 4 thru 35)				$ 1,975,653	$ 28,558		$ 30,966	$ 2,408	$ 1,582,712	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	28		1999	1999	$ 2,780,122	$ 69,503	40	$ 69,503	$	$ 87,058	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Carpeting			1989	805	26	10	26		805	9
10	Canopy Extension			1987	6,935		5-10			6,935	10
11	Entrance Way			1987	37,500	1,500	25	1,500		20,250	11
12	Building Improvements			1991	14,073	1,233	5-15	1,233		14,073	12
13	Building Improvements			1991	10,796	807	10-15	807		7,668	13
14	Capitalized Repairs			1991	1,652		10	165	165	1,568	14
15	Building Improvements			1992	5,649	474	10-20	474		4,028	15
16	Building Improvements			1992	3,071	307	10	307		2,303	16
17	Building Improvements			1992	1,380	92	15	92		690	17
18	Building Improvements			1993	3,049	305	10	305		2,288	18
19	Building Improvements			1993	28,880		5			34,656	19
20	Building Improvements			1994	4,485		20	224	224	1,456	20
21	Building Improvements			1994	621	41	15	41		267	21
22	Building Improvements			1994	14,328	955	15	955		7,164	22
23	Building Improvements			1994	14,178	945	15	945		6,143	23
24	Building Improvements			1995	630	42	15	42		231	24
25	Garage Improvements			1996	2,516	628	5	628		2,516	25
26	Blacktop Resurfacing			1996	4,902	980	5	980		4,726	26
27	Blacktop Resurfacing			1997	1,805	361	5	361		1,264	27
28	Patio doors			1997	1,285	128	10	128		448	28
29	Water softener			1997	12,260	1,226	10	1,226		4,291	29
30	Accordian door			1997	3,295	329	10	329		1,152	30
31	Roof repairs			1997	5,162		10	516	516	1,806	31
32	Furnace repairs			1997	2,358		10	236	236	826	32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 2,961,737	$ 79,882		$ 81,023	$ 1,141	$ 214,612	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Painting and decorating			1998	31,889		10	1,811	1,811	4,529	9
10	Countertop & wallcovering			1998	4,167	833	5	833		2,083	10
11	Door			1998	62	12	5	12		30	11
12	Paging system			1998	2,977	595	5	595		1,488	12
13	Wiring			1998	950	190	5	190		475	13
14	Asbestos Removal			1998	79,150		10	7,914	7,914	19,785	14
15	Painting and decorating			1999	38,449		10	3,845	3,845	5,767	15
16	Asbestos Removal			1999	17,255		10	1,726	1,726	2,589	16
17	Pipe Insulation			1999	6,625		10	662	662	993	17
18	Landscaping			1999	8,310	831	10	831		1,246	18
19	Signs			1999	10,583	2,117	5	2,117		3,175	19
20	Roof			1999	55,935	3,729	15	3,729		5,605	20
21	Windows			1999	20,688	1,379	15	1,379		2,069	21
22	HVAC Improvement			1999	2,000	133	15	133		200	22
23	Fixed Equipment			1999	80,501	16,100	5	16,100		24,150	23
24	Wing 4 addition and modernization			1999	858,673	21,467	40	21,467		26,881	24
25	Kitchen modernization			1999	602,543	15,064	40	15,064		19,529	25
26	Heating & cooling renovation			1999	1,486,082	37,152	40	37,152		46,516	26
27	Fresh air unit			1999	329,276	8,232	40	8,232		10,308	27
28	Emergency/supplemental electricity			1999	219,518	5,488	40	5,488		6,872	28
29	Security system			1999	11,190	1,398	40	280	(1,118)	660	29
30	Retention pond			1999	25,282	632	40	632		795	30
31	Sidewalks and outdoor lighting			1999	31,556	789	40	789		988	31
32	Carpeting			1999	2,827		10	161	161	401	32
33	Flooring			2000	22,767	2,277	5	2,277		2,277	33
34	Flooring			1999	5,304		10	530	530	796	34
35											35
36	TOTAL (lines 4 thru 35)				$ 3,954,559	$ 118,418		$ 133,949	$ 15,531	$ 190,207	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Windows			2000	10,325	258	20	258		258	9
10	Firewall			2000	39,232	981	20	981		981	10
11	Security system			2000	191	10	10	10		10	11
12	Painting and decorating			2000	11,056	1,106	5	1,106		1,106	12
13	Landscaping			2000	645	322	10	322		322	13
14	Additional asbestos removal			2000	1,200		10	60	60	60	14
15	Roofing			2000	2,884		10	144	144	144	15
16	Security system & fire alarm system			2000	3,631		10	182	182	182	16
17	Additional kitchen modernization			2000	2,756	69	20	69		69	17
18	Timeclock & security system			2000	3,283	164	10	164		164	18
19	New addition architect fees			2000	12,468	312	20	312		312	19
20	Shelving			2000	1,092	109	5	109		109	20
21	Wing 4 Carpentry			2000	30,480	762	20	762		762	21
22	Partition			2000	2,700	270	5	270		270	22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 121,943	$ 4,363		$ 4,749	$ 386	$ 4,749	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,257,643	$ 106,158	$ 106,158	$	5-10 Years	$ 847,810	37
38	Current Year Purchases	56,090	5,018	5,018		5-10 Years	5,018	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	$ 1,313,733	$ 111,176	$ 111,176	$		$ 852,828	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Long Term Care	94 Chevy Truck	1994	$ 14,556	$	$ 1,456	$ 1,456	10	$ 8,008	42
43	Long Term Care	94 Dodge Van-Wheelchair	1994	22,947		2,295	2,295	10	12,622	43
44	Long Term Care	94 Dodge Van	1994	7,355		736	736	10	4,783	44
45	Long Term Care	97 Safari Van	1997	17,994		1,799	1,799	10	6,297	45
46	TOTALS			$ 62,852	$	$ 6,286	$ 6,286		$ 31,710	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 10,411,103	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 342,397	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 368,149	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ 25,752	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 2,876,818	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	94 - Buick - 1994	$ 14,025	$ 1,402	$ 7,714	52
53					53
54					54
55					55
56					56
57	TOTALS	$ 14,025	$ 1,402	$ 7,714	57

G. Construction-in-Progress

	Description	Cost	
58	Solarium	$ 4,638	58
59			59
60			60
61		$ 4,638	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ None Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19			N/A		19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [x] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10A, C3	hrs	$	246	$ 13,518	$	246	$ 13,518	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		51	2,792		51	2,792	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		972	51,764		972	51,764	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				29,063		29,063	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	1,269	$ 68,074	$ 29,063	1,269	$ 97,137	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 6/30/00 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 52,613	$ 52,613	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,000)	415,653	415,653	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,013	37,013	6
7	Other Prepaid Expenses	33,966	33,966	7
8	Accounts Receivable (owners or related parties)	20,485	20,485	8
9	Other(specify): See attached schedule 17A	7,913	7,913	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 567,643	$ 567,643	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	606,564	606,564	11
12	Long-Term Investments			12
13	Land	20,626	20,626	13
14	Buildings, at Historical Cost	8,520,854	9,013,892	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,655,777	1,376,585	16
17	Accumulated Depreciation (book methods)	(2,768,869)	(2,876,818)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See attached schedule 17A	218,446	223,084	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,253,398	$ 8,363,933	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,821,041	$ 8,931,576	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 273,813	$ 273,813	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	113,335	113,335	29
30	Accrued Salaries Payable	270,237	270,237	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,741	20,741	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached schedule 17A	1,133,029	1,133,029	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,811,155	$ 1,811,155	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	23,202	23,202	39
40	Mortgage Payable			40
41	Bonds Payable	4,995,000	4,995,000	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 5,018,202	$ 5,018,202	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,829,357	$ 6,829,357	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,991,684	$ 2,102,219	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,821,041	$ 8,931,576	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Pinecrest Manor
Provider # 0012765
6/30/2000

	Operating	After Consolidation
Schedule XV - Line 9 Other Current Assets		
Benefits Bank Account	3,752	3,752
Employee A/R	161	161
Benefits Bank	4,000	4,000
	7,913	7,913
Schedule XV - Line 23 Other Assets		
Unamortized bond costs	218,446	218,446
Construction in progress	-	4,638
	218,446	223,084
Schedule XV - Line 36 Other Current Liabilities		
Restricted Funds Account	5,867	5,867
Founders Escrow	5,500	5,500
Other	399	399
Bank Overdraft	1,121,263	1,121,263
	1,133,029	1,133,029

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,585,534	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,585,534	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(722,556)	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (722,556)	17	
	B. Transfers (Itemize):			
18	**Transfers from Brethren Home Fund**	128,706	18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$ 128,706	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,991,684	24	*

Operating entity only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,634,286	1
2	Discounts and Allowances for all Levels	(735,889)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,898,397	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	123,418	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 123,418	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,472	13
14	Non-Patient Meals	19,960	14
15	Telephone, Television and Radio	1,096	15
16	Rental of Facility Space		16
17	Sale of Drugs	24,445	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,391	19
20	Radiology and X-Ray	765	20
21	Other Medical Services	73,097	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 123,226	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	36,156	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 36,156	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See attached schedule 19A	375,471	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 375,471	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,556,668	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,569,443	31
32	Health Care	2,682,488	32
33	General Administration	1,139,702	33
	B. Capital Expense		
34	Ownership	651,161	34
	C. Ancillary Expense		
35	Special Cost Centers	154,628	35
36	Provider Participation Fee	81,802	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,279,224	40
41	**Income before Income Taxes (line 30 minus line 40)****	(722,556)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (722,556)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** **SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Pinecrest Manor
Provider # 0012765
6/30/2000

Schedule XVII - Line 28 Other Revenue

Pinecrest Village Management Fee	348,504
Pinecrest Village Meals	7,887
Pinecrest Village Transportation	477
Maintenance Services	90
Service Supplies	415
Vending Machine Income	12,295
Miscellaneous Income	337
Electricity Income	2,224
Alzheimer's Unit Income	2,726
Rebates	516
Total Line 28	375,471

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,102	2,369	$ 53,030	$ 22.38	1
2	Assistant Director of Nursing	1,651	1,862	41,667	22.38	2
3	Registered Nurses	26,792	28,990	502,584	17.34	3
4	Licensed Practical Nurses	25,899	27,657	398,804	14.42	4
5	Nurse Aides & Orderlies	107,276	117,111	1,152,659	9.84	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,197	12,683	122,483	9.66	10
11	Social Service Workers	4,596	5,184	73,263	14.13	11
12	Dietician					12
13	Food Service Supervisor	6,579	7,185	103,996	14.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,742	9,584	76,030	7.93	15
16	Dishwashers	30,463	32,631	218,436	6.69	16
17	Maintenance Workers	13,225	14,463	171,725	11.87	17
18	Housekeepers	21,846	24,438	166,090	6.80	18
19	Laundry	8,906	9,846	83,374	8.47	19
20	Administrator	1,840	2,080	73,903	35.53	20
21	Assistant Administrator					21
22	Other Administrative	14,410	16,016	220,625	13.78	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,892	3,479	34,945	10.04	31
32	Other Health Care(specify)					32
33	Other(specify) Development	4,455	5,011	83,571	16.68	33
34	TOTAL (lines 1 - 33)	292,871	320,589	$ 3,577,185 *	$ 11.16	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	3,900	L9, C3	36
37	Medical Records Consultant	40	1,000	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	960	L10, C8	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	800	L11, C3	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Massage Therapy Consultant	17	495	L10, C8	47
48					48
49	TOTAL (lines 35 - 48)	73	$ 7,155		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	569	23,199	L10, C3	50
51	Licensed Practical Nurses	1,818	51,879	L10, C3	51
52	Nurse Aides	3,592	62,880	L10, C3	52
53	TOTAL (lines 50 - 52)	5,979	$ 137,958		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Vernon Showalter	Administrator		73,903
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 73,903

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
Moehle, Smith, Nieman		
Hanson & Hahn	Legal	7,905
Interiors By GW	Consulting	689
Altschuler, Melvoin & Glasser LLP	Accounting	34,190
Method Management	Consulting	4,636
American Express Tax &		
Business Services	Accounting	11,918
Powers Pyles Sutter	Legal	4,077
Larson & Darby	Consulting	1,312
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 64,727

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 66,315
Unemployment Compensation Insurance	
FICA Taxes	241,592
Employee Health Insurance	109,626
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employer Pension Contributions	73,194
Employee Life Insurance	75,218
Employee Physicals	2,485
Employee Goodwill	6,610
Other Employee Benefits	28,175
TOTAL (agree to Schedule V, line 22, col.8)	$ 603,215

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	6,262
Health Care Worker Background Check	
(Indicate # of checks performed 33)	396
Life Services Network of Illinois	6,403
Miscellaneous Subscriptions	3,835
Miscellaneous Dues	10,512
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 27,408

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
See Attached Detail	2,363
Seminar Expense	
See Attached Detail	3,726
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,089

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/99 Ending: 6/30/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8						N/A							
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 **Report Period Beginning:** 7/1/99 **Ending:** 6/30/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network of Illinois; $6,403**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7.5 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **30,499** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? ____ YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **81,802**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **32,255**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Altschuler, Melvoin & Glasser LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **Yes** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.